

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER:	09 / 913912	RECEIPT DATE:	08 / 20 / 01
IA NUMBER:	PCT/ DE00 / 00450	IA FILING DATE:	02 / 17 / 00
FAMILY NAME:	GRADISCHNIG	DELAY WAIVED (Y/N):	Y
GIVEN NAME:	KLAUS DAVID	DEMAND RECEIVED (Y/N):	Y
PRIORITY CLAIMED (Y/N):	Y	PRIORITY DATE:	02 / 18 / 99
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:	112740-282	COUNTRY:	
CORRESPONDENCE NAME/ADDRESS:	CUSTOMER NUMBER:	000000	TELEPHONE 3128074292
			FAX
NAME:	WILLIAM E VAUGHAN		
	BELL BOYD & LLOYD		
STREET:	PO BOX 1135		
CITY:	CHICAGO		
STATE/COUNTRY:	IL	ZIP:	606901135
EMAIL:			
APPLICATION TITLES:			
	SIGNALING POINT		

TAB TO LAST POSITION,PUSH SEND



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Bib Data Sheet

CONFIRMATION NO. 7209

<b>SERIAL NUMBER</b> 09/913,912	<b>FILING DATE</b> 08/20/2001 <b>RULE</b>	<b>CLASS</b> 370	<b>GROUP ART UNIT</b> 2661	<b>ATTORNEY DOCKET NO.</b> 112740-282	
<b>APPLICANTS</b> Klaus David Gradischnig, Reston, VA; <b>** CONTINUING DATA *****</b> THIS APPLICATION IS A 371 OF PCT/DE00/00450 02/17/2000 <b>** FOREIGN APPLICATIONS *****</b> GERMANY 19906812.7 02/18/1999					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> VA	<b>SHEETS DRAWING</b> 8	<b>TOTAL CLAIMS</b> 7	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> Bell Boyd & Lloyd Three First National Plaza 70 West Madison Street Suite 3300 Chicago ,IL 60602-4207 <div style="text-align: right; font-size: 1.5em;"># 29177</div>					
<b>TITLE</b> Signaling point					
<b>FILING FEE RECEIVED</b> 1130	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		